

6 Month Old**AHCCCS EPSDT Tracking Form**

Date:		Last Name		First Name		AHCCCS ID#:		Age:	
Primary Care Provider Name and Office Phone Number						Contractor:		DOB:	
Accompanied by:						Allergies:			
Birth Wt:		Weight:		Percentile:		Length:		Percentile:	
Head Circ:									

HISTORY:

Temp: _____
Pulse: _____
Resp: _____

Parental Comments/Concerns:**Nutritional Screen:** Breast Feeding: _____ Formula (type): _____ Supplements: _____ Solids: _____**Developmental Screen:** Age Appropriate? (e.g., rolls over, transfers small objects, vocal imitation) Yes _____ No _____

If suspicious, specific objective testing performed _____

Behavioral Screen: Age appropriate? (parental interview) Yes _____ No _____**PHYSICAL EXAM**

Are the following normal?	Yes	No	Describe abnormal findings:	LABS ORDERED:
1. Skin/Hair/Nails				Hgb/Hct Yes ____ No ____ (Perform once during 1-9 mo age range)
2. Ear/Hearing				
3. Eyes/Vision (red reflex)				
4. Mouth/Throat/Teeth				
5. Nose/Head/Neck				SCREENINGS: Verbal Lead Risk Assessment Yes ____ No ____ (Perform at 6 mo of age)
6. Heart				
7. Lungs				
8. Abdomen				
9. Genitourinary				ADDITIONAL LABS? Specify:
10. Extremities				
11. Spine (scoliosis)				
12. Neurological				

ASSESSMENT & PLAN:

IMMUNIZATIONS:	Pt. needs immunizations?	Yes ____	No ____	Delayed? ____	Deferred? ____
Given today?	Hep B ____	DTaP ____	Hib ____	IPV ____	PCV ____
				Other _____	

ANTICIPATORY GUIDANCE

- | | | |
|---|---|---|
| <ul style="list-style-type: none">▪ Supine sleep position▪ Drowning prevention▪ Injury prevention▪ Emergency/911 | <ul style="list-style-type: none">▪ Car Seat▪ Passive smoke▪ Finger Foods/Cup Use▪ Teething/Tooth Brushing | <ul style="list-style-type: none">▪ Postpartum Adjustment▪ Parenting Practices▪ Family involvement▪ Interaction with Parents▪ Next appt./transportation needed? |
|---|---|---|

REFERRALS: CRS ____ WIC ____ DDD ____ ALTCS ____ Specialty ____ Other ____

Yes ____ No ____

Clinician Name (print):

Clinician Signature:

See Additional/Supervisory Note?